

GREATER MILWAUKEE FIGURE SKATING CLUB
"SKATE WITH US"
BASIC SKILLS GROUP LESSON PROGRAM

RINK FACILITY: Eble Ice Arena, 19400 W. Bluemound Road, Brookfield, WI., 53045

CLASS DAY AND TIME: Classes are held on Wednesday evenings from 5:45p-6:30p

REGISTRATION FEE: \$125.00 for seven weeks...\$220.00 for fourteen weeks

FAMILY DISCOUNT: Third participant...\$30.00 off

TO ENROLL: Complete the section below (checks payable to: **Skate With Us**) and mail the ENTIRE form and registration fee to:

SKATE WITH US PROGRAM

C/O Dawn Dahlman-Schwab

PO BOX 20881

Greenfield, WI. 53220-0881

(414)235-3153

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ - _____ BIRTHDATE: ____/____/____ AGE: ____ MALE/FEMALE

How did you hear about the "SKATE WITH US" Program? _____

I would like to enroll in the following seven week series...

_____ January 8, 2020 – February 19, 2020

_____ February 26, 2020 – April 8, 2020

As Parent, Guardian or Adult skater (18 years or older), I assume and discharge all financial obligations of enrollment and acknowledge all lessons are given as a group (not private) and all enrollment fees are non-refundable. Refunds are given only in the event of an injury/illness requiring hospitalization, or cancellation of classes by the Greater Milwaukee FSC due to lack of enrollment. All requests for refunds must be made in writing and proof of injury/illness is required. Remember all fees are **NON-REFUNDABLE**. There will be a \$35.00 fee for any returned checks.

Signature of Parent/Guardian or Adult Skater

(For GMFSC Office use only)

CLASS LEVEL: SNOWPLOW SAM _____ BASIC _____ FREESKATE _____ HOCKEY _____ POWER _____

DATE REC'D: ____/____/____ **RE-ENROLLMENT:** _____ **NEW ENROLLMENT:** _____

REGISTRATION FEE: \$ _____ **PAID BY:** CASH _____ CHECK _____ CK# _____